

2007 FOR PROFIT CORPORATION REINSTATEMENT

FILED
Oct 22, 2007
Secretary of State

DOCUMENT# F95713

Entity Name: SEITLIN & COMPANYY

Current Principal Place of Business:

6700 NORTH ANDREWS AVE
SUITE 300
FT LAUDERDALE, FL 33309 US

New Principal Place of Business:

Current Mailing Address:

6700 NORTH ANDREWS AVE
SUITE 300
FT LAUDERDALE, FL 33309 US

New Mailing Address:

FEI Number: 59-2231013 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

JACKMAN, M. STEPHEN
9800 NW 41ST ST.
SUITE 300
MIAMI, FL 33178 US

Name and Address of New Registered Agent:

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: JACKMAN, M. STEPHEN

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: V () Delete
Name: JOHNSON, RICHARD
Address: 9800 NW 41ST ST. STE 300
City-St-Zip: MIAMI, FL 33178

Title: C () Delete
Name: JACKMAN, M STEPHEN,
Address: 9800 NW 41ST ST. STE 300
City-St-Zip: MIAMI, FL 33178 US

Title: D () Delete
Name: LADIS, BARRY
Address: 9800 NW 41ST ST. STE 300
City-St-Zip: MIAMI, FL 33178

Title: V () Delete
Name: BLACK, NED
Address: 9800 NW 41ST ST. STE 300
City-St-Zip: MIAMI, FL 33178

Title: PTS () Delete
Name: CORNISH, THOMAS M
Address: 9800 NW 41ST ST., STE 300
City-St-Zip: MIAMI, FL 33178

Title: V () Delete
Name: SORA, ROXANA
Address: 9800 NW 41ST ST., STE 300
City-St-Zip: MIAMI, FL 33178

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: THOMAS CORNISH

Electronic Signature of Signing Officer or Director

PTS

10/22/2007

Date